

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

| - | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | * | * | |
|--------------|----------|------|------------------------|------|------------------------|------|--------------|------|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. |
| | 1 | 1 | | | | | | | 51 | | |
| 2 | | 1 | | | | | 52 | | | | |
| 3 | | 1 | | | | | 53 | | | | |
| 4 | | 1 | | | | | 54 | | | | |
| 5 | | | | | | | 55 | | | | |
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| 50 | | | | | | | 100 | | | | |
| TOTAL IND. | ↓ | ↓ | | ↓ | | ↓ | TOTAL IND. | ↓ | | ↓ | |
| TOTAL DEP. | 6 | ← | | ← | | ← | TOTAL DEP. | ← | | ← | |
| TOTAL CLAIMS | 8 | | | | | | TOTAL CLAIMS | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS